

HHS/CDC Global AIDS Program (GAP) in Democratic Republic of Congo (DRC) – FY 2003



About the Country of DRC

Capital City: Kinshasa

Area: 2,345,410 sq km (905, 567 sq mi)

Population: 52.5 million

The HIV/AIDS Situation in DRC

HIV Infected: 1.3 million¹

AIDS Deaths: 120,000²

AIDS Orphans: 930,000³

The Democratic Republic of Congo (DRC) was one of the first countries to identify the importance of the AIDS epidemic, but activities to increase HIV/AIDS awareness, prevention, care, and treatment were interrupted in the mid-1990s due to instability and conflict. Activities restarted in the late 1990s and the Multiple Indicators Cluster Survey (MICS) was conducted between October 2000 and April 2001. The study found that of women between the ages of

15 and 49 surveyed 92% had heard of AIDS and 87% knew of at least one preventive measure. Economically poor adolescents and women living in rural areas with little or no schooling were significantly less aware of methods for avoiding HIV infection. Of the women who responded to the MICS survey, 11% reported having at least one occasional partner during the previous 12 months. There was little difference between urban/rural residence, and economic or educational level. Among these women, more than half (52%) reported only one partner, 25% reported two partners, and only 23% reported three or more partners. Of the sexually active women, 52% reported having their first sexual experience between the ages of 15 and 17. Despite the major systemic constraints facing all activities in the DRC, there is reason for optimism. The armed conflict and civil disorder has, for the most part, ceased, and the government has shown an increased interest in activities for HIV/AIDS control by expanding HIV/AIDS services, improving service quality, and increasing national capacity to deliver high quality services.

About the Global AIDS Program in DRC

Year Established: November 2002

FY 2003 Budget: \$1.8 million USD

In-country Staffing: 1 CDC Direct Hire; 3 Locally Employed Staff⁴

Program Activities and Accomplishments

In FY 2003, GAP DRC achieved the following accomplishments in the highlighted areas:

HIV Prevention

- Identified and secured financial support for four cooperative agreements/contracts with:

¹ Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

² Figure represents a 2001 estimate taken from the CIA World FactBook, <http://cia.gov/cia/publications/factbook>.

³ Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

⁴ Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

- Kinshasa School of Public Health (KSPH), to strengthen infectious disease control; support epidemiology activities; improve service delivery models (e.g., program evaluations, program policies, norms and standards improvements, and integrated model for HIV/AIDS services); strengthen national capacity to promote coordination and delivery of HIV programs; and improve access to HIV data (e.g., participate in international and African regional HIV conferences and operations research).
- United Nations Joint Programme on HIV/AIDS (UNAIDS) Program Acceleration Fund (PAF) Grant, to support activities to recruit and retain groups of volunteer blood donors in four provinces.
- Johns Hopkins University Center for Communications Programs, to support the establishment of a nationwide HIV/AIDS/sexually transmitted infection (STI) telephone hotline with the three largest cell phone operators in DRC.
- Equipment and Supplies Procurement Actions, to equip the Blood Safety Training and Reference Center, voluntary counseling and testing (VCT) sites with rapid HIV tests; Phase II antenatal clinic (ANC) HIV prevalence survey with equipment and supplies; UniKin Medical School, KSPH, National Institute for Paramedical Training with teaching microscopes, and bed nets for PMTCT activities.

HIV/AIDS Care and Treatment

- Implemented a cooperative agreement with the University of North Carolina to support PMTCT expansion in Kinshasa maternity facilities; establish PMTCT-plus pilot project at Kalembe Lembe Pediatric Hospital; and improve tuberculosis (TB) programs to include VCT service options.

Surveillance and Infrastructure Development

- Implemented a cooperative agreement with United States Agency for International Development (USAID), IAA Impact and Family Health International to support a Behavior Surveillance Survey with biological testing for HIV and syphilis among targeted populations in five provinces.
- Supported Congolese participants in international trainings.
- Integrated and conducted malaria/TB/HIV microscopist trainings with USAID-financed SANRU (DRC Rural Health Project), Catholic Relief Services (CRS) and Ministry of Health (MOH) personnel.

Other

- Developed a framework for appropriate interventions that complements national policy, provides added value to ongoing efforts by other donors.
- Assured the signing of the Memorandum of Understanding with the Ministry of Health (MOH) and CDC, worked as a member of the Country Coordinating Mechanism (CCM) for the Global Fund, and participated on various working groups for donor coordination, health, and HIV/AIDS surveillance.

Challenges

- Years of civil disorder and armed conflict have made basic survival a priority over societal growth as the priority for most Congolese.
- Fewer donor resources have resulted in less development assistance to the health sector.
- The health care delivery system and supporting services need large scale interventions focused on the laboratory support required to build a solid scientific base for national policies, treatment/drug efficacy evaluations, and surveillance needs.

Last Updated August 2004